

ENTITY/OWNER STATEMENT

MV2844 11/2000

Wisconsin Department of Transportation
Dealer Section
4802 Sheboygan Ave.
P.O. Box 7909
Madison, WI 53707-7909
608-266-1425

NOTE: Complete one form for EACH owner, partner, corporate officer, shareholder of 10% or more of a corporation, association member, Limited Liability Company - LLC member or LLC manager.

Legal Business Name

Business / Your Position - Check all that apply.

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Association
☐ Officer ☐ Manager
☐ Shareholder ☐ Member

What percentage of the business, stock in the corporation, or interest in the LLC do you own?

Your Full Legal Name

Residence Address: Street or RFD, City, State, Zip Code

Area Code - Telephone Number, Residence

Birth Date

Driver License Number

Social Security Number or Federal Employer Identification Number

Provide complete answers to the following questions.

List any other business in which you are engaged.

List any ownership interests in other dealerships.

Have you ever been licensed as a dealer in Wisconsin?

☐ No ☐ Yes - Year Last Licensed:

Have you ever been, or are you currently licensed as a dealer in another state?

☐ No ☐ Yes - Give State and Year Last Licensed:

Has your dealer license ever been denied, suspended or revoked?

☐ No ☐ Yes - Give State and Year:

Have you every been convicted of a crime?

☐ No ☐ Yes - List date, state, charge and court; continue on back if needed.

Are any criminal charges pending against you?

☐ No ☐ Yes - List date, state, charge and court; continue on back if needed.

List any former names by which you were known.

False statements on this application are punishable by law and may result in denial, suspension or revocation of your dealer license. The undersigned states that she or he is owner, partner, officer, association member, LLC member or LLC manager of the facility named on this application and that the answers contained in this application are true.

(Applicant Signature)

(Date)

